

Date: _____

APPLICATION FOR SEWER USER CHARGE EXCLUSION

Company Name: _____ Meter Address _____

Phone No: _____ Person to Contact _____

Exclusion Period: From: _____ To: _____ KY American Water Usage(same period): _____

KY American Water Premise No: _____

HOW EXCLUSION IS DETERMINED: (Fill out sections A, B, C, or D as applicable & attach additional sheets if needed).

A. Metered sewage to sanitary sewer system:

Meter #1 _____ LESS _____ = _____ /7.5(if reading is in gallons)= _____
Present reading Previous reading Cubic Ft. or Gallons Cubic Feet

Meter #2 _____ LESS _____ = _____ /7.5(if reading is in gallons)= _____
Present reading Previous reading Cubic Ft. or Gallons Cubic Feet

_____ LESS _____ = _____
KY American Water Bill Reading Metered Sewage in Cubic Feet

Amount of Exclusion

A

B. Metered water to storm, to product or to disposal other than sanitary sewer:

Meter #1 _____ LESS _____ = _____ /7.5(if reading is in gallons)= _____
Present reading Previous reading Cubic Ft. or Gallons Cubic Feet

Meter #2 _____ LESS _____ = _____ /7.5(if reading is in gallons)= _____
Present reading Previous reading Cubic Ft. or Gallons Cubic Feet

Meter #3 _____ LESS _____ = _____ /7.5(if reading is in gallons)= _____
Present reading Previous reading Cubic Ft. or Gallons Cubic Feet

B

C. Pump-hour meter reading (if approved):

Meter #1 Pump Capacity _____, _____ LESS _____ = _____ /7.5(If reading is in gallons)= _____
GPM Present reading Previous reading Cubic ft or Gallons Cubic Feet

Meter #2 Pump Capacity _____, _____ LESS _____ = _____ /7.5(If reading is in gallons)= _____
GPM Present reading Previous reading Cubic ft or Gallons Cubic Feet

C

D. Other approved methods or measurement of water used, but not entering sanitary sewers.

State method and attach supporting data _____

D

TOTAL AMOUNT OF EXCLUSION REQUESTED _____

TOTAL AMOUNT OF EXCLUSION APPROVED _____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT

APPROVED BY: _____

Division of Sanitary Sewers
301 Lisle Industrial Ave.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE

Lexington, KY 40511

Phone: 425-2409 FAX 425-

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% of total

5-7787